ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Katharine

2. Surname (Last Name)  
   Bar

3. Date  
   23-March-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   No

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Dr. Bar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   D. Brenda

2. Surname (Last Name)  
   Salantes

3. Date  
   26-March-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Katharine J. Bar

5. Manuscript Title  
   BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

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Dr. Salantes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)   Yu
2. Surname (Last Name)   Zheng
3. Date   26-March-2018
4. Are you the corresponding author?   Yes  No
   Corresponding Author’s Name   Katharine Bar
5. Manuscript Title
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir
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Are there any relevant conflicts of interest?   Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Zheng reports grants from NIH/NIAID, during the conduct of the study; .

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Felicity | Mampe | 28-March-2018

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   Tuhina

2. Surname (Last Name)  
   Srivastava

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Dr. Srivastava has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Subul
2. Surname (Last Name)  Beg
3. Date  25-March-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Katharine Bar
5. Manuscript Title
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Beg has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Lai

3. Date  
   26-March-2018

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Richard
2. Surname (Last Name)  Koup
3. Date  26-March-2018

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Katharine Bar

5. Manuscript Title
Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)
120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Koup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Hoxie
3. Date 26-March-2018
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Katharine Bar
5. Manuscript Title
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir
6. Manuscript Identifying Number (if you know it)
   120194-JCI-RG-1

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Section 1. Identifying Information

1. Given Name (First Name)  
Mohamed

2. Surname (Last Name)  
Abdel-Mohsen

3. Date  
26-March-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Katharine Bar

5. Manuscript Title  
Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

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Dr. Abdel-Mohsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Scott

2. Surname (Last Name)  
   Sherrill-Mix

3. Date  
   23-March-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Katharine Bar

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

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Are there any relevant conflicts of interest?  
   Yes ☑ No

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</table>

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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐ No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Sherrill-Mix reports grants from NIH, during the conduct of the study.

Evaluation and Feedback

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Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
McCormick

3. Date  
27-March-2018

4. Are you the corresponding author?  
[ ] Yes  
[ ] No

   Corresponding Author’s Name  
Katharine Bar

5. Manuscript Title  
Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)  
120194-JCI-RG-1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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[ ] Yes  
[ ] No
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Dr. McCormick has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
Jonathan  

2. Surname (Last Name)  
Li  

3. Date  
25-March-2018  

4. Are you the corresponding author?  
[ ] Yes  
[ ] No  

   Corresponding Author’s Name  
   Katharine Bar  

5. Manuscript Title  
BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR  

6. Manuscript Identifying Number (if you know it)  

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[ ] No  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Edgar

2. Surname (Last Name)
   Overton

3. Date
   30-March-2018

4. Are you the corresponding author?  ✔ Yes  ❏ No

5. Manuscript Title
   HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6. Manuscript Identifying Number (if you know it)
   120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ❏ Yes  ✔ No

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Are there any relevant conflicts of interest?  ❏ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ❏ Yes  ✔ No
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Frederic

2. Surname (Last Name)  
   Bushman

3. Date  
   25-March-2018

4. Are you the corresponding author?  
   [ ] Yes  ✔ [ ] No  
   Corresponding Author's Name  
   Katherine Bar

5. Manuscript Title  
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

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Dr. Bushman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Siliciano

3. Date  
   27-March-2018

4. Are you the corresponding author?  
   ☐ Yes  ✔ No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Janet

2. Surname (Last Name)  
   Siliciano

3. Date  
   26-March-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Katharine Bar

5. Manuscript Title  
   Brief analytical treatment interruption does not alter the size or composition of the latent HIV-1 reservoir

6. Manuscript Identifying Number (if you know it)  
   120194-JCI-RG-1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes ☑ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Research Institute</td>
<td></td>
<td>☑</td>
<td></td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Siliciano reports personal fees from Southern Research Institute, outside the submitted work;

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.  Identifying Information

1.  Given Name (First Name)  Pablo
2.  Surname (Last Name)  Tebas
3.  Date  30-March-2018

4.  Are you the corresponding author?  Yes  No

5.  Manuscript Title
   HIV-1 latent reservoir size and diversity are stable following brief treatment interruption

6.  Manuscript Identifying Number (if you know it)
   120194-JCI-RG-1

Section 2.  The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

Section 4.  Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

Tebas
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tebas has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Gerald

2. **Surname (Last Name)**
   - Learn

3. **Date**
   - 25-March-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - BRIEF ANALYTICAL TREATMENT INTERRUPTION DOES NOT ALTER THE SIZE OR COMPOSITION OF THE LATENT HIV-1 RESERVOIR

6. **Manuscript Identifying Number (if you know it)**
   - 120194-JCI-RG-1

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## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  

- Yes  ✔ No

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Are there any relevant conflicts of interest?  

- Yes  ✔ No

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Dr. Learn has nothing to disclose.

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